PTO/SB/09 (12-97)
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STATEMENT CLAIMING SMA (37 CFR 1.9(f) & 1.27(b))IND	Docket Number (Optional)							
Applicant, Patentee, or Identifier. George A. Teacherson								
Application or Patent No.:								
Filed or Issued:								
Title: Articulated Railcars								
As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:								
the specification filed herew	ith with title as listed above.							
the application identified abo	ove.							
the patent identified above.								
I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).								
Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:								
No such person, concern, or organization exists.								
Each such person, concern, or organization is listed below.								
2								
stating their status as small entities	om each named person, concern, or organiza s. (37 CFR 1.27)	tion naving rights to the invention						
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))								
Geo. Teacheron		-						
NAME OF INVENTOR	NAME OF INVENTOR NAME OF INVENTOR NA							
Secherson	S. Lecherson							
Signature of inventor	Signature of inventor	Signature of inventor						
7/24/01								
Date	Date	Date						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Attorney Docket Number	er				
First Named Inventor	Geo. Teacherson				
COMPLETE IF KNOWN					
Application Number	/				
Filing Date					
l Group Art Unit					
Examiner Name					
	First Named Inventor COMPLET Application Number Filing Date Group Art Unit				

As a below named inver	ntor, I here	by declare that:					
Associates My residenc e, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
ARTICULATED RAILCARS							
the specification of which	1	(Title	e of the Invention)				
is attached hereto		•	·				
OR was filed on (MM/I	D/YYYY)		as Unit	ed States Applica	tion Number or F	PCT International	
Application Number		and wa	as amended on (MM/DD/	YYYY)		(if applicable).	
I hereby state that I have r	eviewed a	nd understand the	contents of the above ide	ntified specificatio	n, including the	claims, as	
amended by any amendm	•	•					
I acknowledge the duty to	disclose in	formation which is	material to patentability a	s defined in 37 Cr	1.56.		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached? NO	
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						<u> </u>	
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			supplemental priority da			reto:	
I hereby claim the benefit				al application(s) lis	sted below.		
			4/2000	Additional provisional application numbers are listed on a supplemental priority data sheet			
					SB/02B attach		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim	I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the											
United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S. Parent Application or PCT Parent Number					Parent Filing Date P. (MM/DD/YYYY)				arent Patent Number (if applicable)			
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☐ Additional	U.S. or F	CT international applica	tion numbers are li	sted on	a supp	lementa	i pnonty data	sheet PT	O/SB/0	2B attached I	ereto.	
As a named inv	entor, I h	ereby appoint the follow innected therewith:	ing registered prac	titioner(s) to pr	osecute	this application	n and to	ransac	t all business Place Cust		
enc medoman	011100 00		OR							Number Bar	Code	
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		practitioner(s) named o		egistered	Pract	itioner In	tormation she	et PTO/S	B/02C	attached her	eto.	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sole or First Inventor:												
Given Name (first and middle [if any]) Family Name or Surname												
Geo	org	e A.					lea.	cha	211	rou		
Inventor's Signature				Cabacan Date 7/2401								
Bostianos: City W. Palm Bch State F/2		F/a	Country U.S.A. Citizenship U.S.A.				USA					
Post Office A	Post Office Address C/6 Box 762											
Post Office A	Post Office Address Palm Beach, Fla 33480-0762											
City		P.B. State	Fla	ZIP		<i>33</i>	480	Coun	try	120	j	
Additional	invento	rs are being named o	on thesupp	lementa	al Ado	litional I	nventor(s) s	sheet(s)	PTO/S	B/02A atta	ched hereto	